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JUNE 1, 1959
VOL. 37
No. 11

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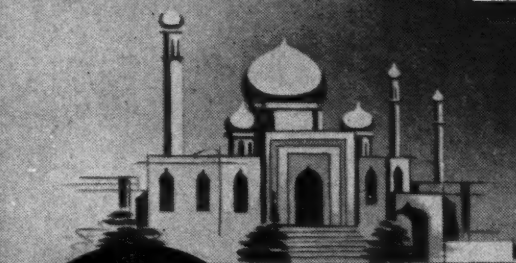
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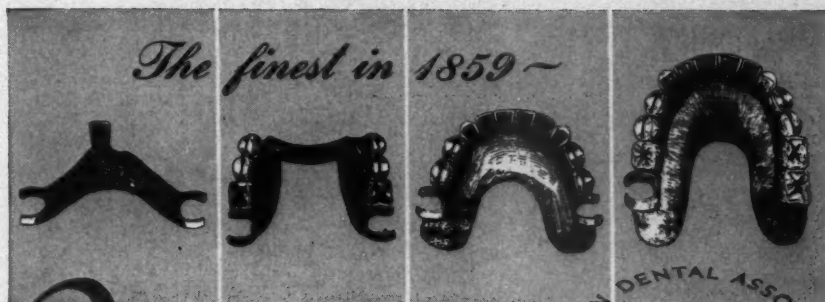
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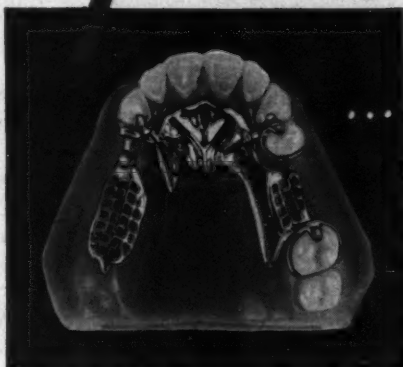


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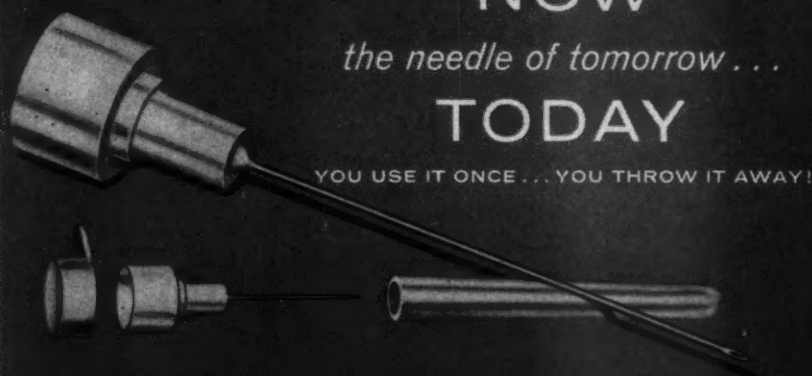
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The Fortnightly **REVIEW**

OF THE CHICAGO DENTAL SOCIETY

Number 11
June 1, 1959
Volume 37

Simultaneous Apical Curettage and
Root Canal Therapy
James R. Jensen, D.D.S., M.S.,
Minneapolis, Minnesota

7

Editorial

11

News and Announcements

12

News of the Branches

13

Society Directory

16

Ethics Committee

16

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Forms close on the first and fifteenth of each month. The early submission of materials will insure more consideration for publication.

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The Fortnightly **REVIEW**

of

THE CHICAGO DENTAL SOCIETY

June 1, 1959

Volume 37 • No. 11

Simultaneous Apical Curettage and Root Canal Therapy*

James R. Jensen, D.D.S., M.S., Minneapolis, Minnesota

Periapical surgery is sometimes referred to as the radical approach to endodontic therapy as opposed to treatment using coronal access only. There are many who feel that it should



Dr. Jensen

be taught only on the graduate or post-graduate level, using the limited undergraduate hours for instruction in the so-called conservative methods. Until a few years ago, this was the policy at the University of Minnesota. Following graduation, however, very few men practiced endodontics. This may have been due to a lack of confidence in the service, a fear of possible acute exacerbation during treatment, the time required to complete a case over several successive treatments either placing the service beyond the economic reach of the average patient, or realizing little or no return for the work, the apparent complexity of the technic and materials involved, or perhaps a carry-over from the focal infection area.

One method of treating periapically involved teeth is the simultaneous apical curettage and root canal therapy. In this operation the soft tissue at the apex of the tooth to be treated is removed by curettage, the root amputated if indicated, and the root canal mechanically cleansed and filled, all at one sitting. This technic offers a simple means of treating periapically involved teeth where local and systemic conditions will allow a surgical procedure. Students at Minnesota are now required to complete at least two endodontic cases with periapical surgery before graduation. This technic offers the student an opportunity to observe the root and periapical lesion in relation to the surrounding tissues thus removing the shroud of mystery that hides behind the rubber dam when working with coronal access only. This experience is something that cannot be duplicated in the laboratory on inanimate models any more than any restorative technics on typodonts can substitute for clinical experience. In most instances, a student will complete one or more periapical surgery cases before attempting root canal therapy alone.

Before periapical surgery was introduced into the undergraduate curriculum, posterior teeth requiring conservative root canal therapy had to be

*Presented at the Midwinter Meeting of the Chicago Dental Society, February, 1958.

(The author received his several degrees from the University of Minnesota—B.A. from the College of Science Literature and Arts in 1944; D.D.S. from the School of Dentistry in 1946 and his M.S. from the Graduate School in 1950. He became a Fellow of the American College of Dentists in November, 1957.

Dr. Jensen joined the Operative Staff of his alma mater in March, 1950 and is, at present, Professor and Chairman, Division of Operative Dentistry. He is the author of several published works, the principle one of which is "A Clinical Manual of Endodontia," published by Wm. C. Brown Co., Dubuque, Iowa.)

assigned, and the student reluctantly accepted the case. Now with the principles taught in the laboratory being crystallized with this simple clinical procedure, the student confidently requests endodontic cases not requiring periapical surgery.

Using the surgical approach, the possibility of an acute exacerbation is virtually eliminated. The simplicity of the technic offers the practitioner an operation that can be completed as a rule in one-half to three-quarters of an hour. With the rapid advances in all fields of dentistry placing an added burden on undergraduate teaching, all divisions of dentistry in teaching institutions are trying to gain more of the student's hours to present their material and produce a graduate with as much and varied experience as possible. With the ever increasing population this demand on the dentist's time after graduation makes the wise budgeting of hours an important phase of his undergraduate training. In endodontics as in other phases of dentistry, when an operation can be performed more expeditiously without compromising standards that should be the method of choice. In many cases of periapically involved pulpless teeth simultaneous apical curettage and root canal therapy offers a much simpler technic that will conserve patient-dentist time with no less satisfactory results than the so-called conservative approach requiring three or more appointments.

The technic presented here has appeared many times in our dental literature over the past 100 years. Technics have been modified on occasion, but the principles have remained unchanged.

Then the pulp of a tooth is irritated to the extent that an irreversible reaction

occurs, the pulp tissue degenerates, circulation ceases, and a condition of necrosis, atrophy or gangrene exists. Without circulation, the body's defenses no longer have access to the irritant within the tooth. The inflammatory process can only attempt to wall off or confine the irritant at the apical foramen, the only outlet for the toxic products within the canal. If the virulence of the organisms, or the toxicity of the decomposed tissue is much greater than the strength of the inflammatory process, the periapical picture will be one of rapidly expanding infection with an assortment of acute symptoms such as pain, swelling and elevated temperature. If their respective destructive defensive abilities are only slightly out of balance in favor of the organisms slow continual bone destruction could occur. Fortunately, however, man is gifted with a remarkable ability to counteract destructive forces within the body so that the usual outcome of pulpal degeneration is a successful walling off of the irritant with granulation tissue at the apical foramen. Thus the periapical condition may be an acute abscess, granuloma or perhaps the epithelial lined sac, the root end cyst.

Regardless of the diagnosis, the defenses of the body cannot heal the periapical bone damage while the irritant remains inaccessible within the root canal of the tooth. The tooth must either be removed or treated endodontically to eliminate the irritant. Regardless of technic, the principles of endodontics dictate complete obliteration of the canal and hermetic sealing of the apical foramen with a root filling. Once this is accomplished, the periapical area should heal uneventfully.

The indications for periapical surgery are governed by the pulpal and periapical diagnosis, and the anatomical and surgical considerations. Periapical surgery should be reserved for teeth with periapical extension of pulpal pathology. Teeth indicated for pulpal therapy with complete or partial vitality of the pulp have normal periapical tissues. Although they can be treated with apical curettage or apicoectomy in addition to root canal therapy the surgical damage to the normal healthy periapical tissues more than nullifies the advantage of convenience.

The pulpal diagnosis for all periapically involved non-vital teeth must be necrosis, atrophy or gangrene. If the diagnosis is gangrene, the periapical diagnosis would be acute periapical abscess, and would require emergency treatment. Surgery would be delayed until the acute symptoms have subsided.

Periapical involvement of a pulpless tooth may be diagnosed by the acute symptoms as in the case of the acute periapical abscess or it may be evidenced by a radiolucency. Where the radiograph discloses periapical bone damage the diagnosis may be chronic abscess, granuloma or cyst. The differential diagnosis can only be made following periapical surgery when the pathologist has examined the microscopic sections. Thus the preoperative diagnosis of a nonvital tooth without symptoms of pain and with periapical involvement seen by radiograph or periapical drainage through a fistulous tract can only be "non-vital pulp with periapical bone loss."

The maxillary antrum and the mandibular canal impose anatomical limitations on periapical surgery. The six upper anterior teeth are usually excellent candidates for periapical surgery. Their root ends are usually easily accessible with the possible exceptions of an occasional long cuspid, or the apex of the lateral incisor lying close to the palate. If the radiograph shows the antrum to be a sufficient distance from the apex of the upper bicuspids, they too may be attempted. The lingual root of the first bicuspid may be very near the palate

making access quite difficult and bone removal extensive, thus contraindicating the surgical approach.

Periapical surgery can be performed on the six lower anterior teeth, but access is more difficult than on the upper. The mandibular bone is more dense and the root apices are usually very close to the lingual surface of the mandible making access and visibility very difficult. The close proximity of the root ends of the lower bicuspids and molars precludes the advisability of periapical surgery that might damage the vessels and nerves within the canal.

If there is any question regarding the patient's ability to tolerate simple periapical surgery, his physician should be consulted. In some instances the confidence of an apprehensive patient, especially the younger patients, can be won through a series of three or four treatments where there is no need for anesthesia, and the work is done painlessly. Although periapical surgery could be done in one appointment, it may create a more difficult patient for the future.

Materials and Instruments

There should be no delay to search for instruments or prepare materials once the operation has begun. The following instruments and materials should be arranged on the operating table before beginning: molten metal or glass bead sterilizer, topical antiseptic and anesthetic, syringe with local anesthetic, saliva ejector gauze sponges, handpieces and burs (#37, 6 r.a., and #560HP), mirror explorer, water and air syringes, cotton pliers, root canal reamers or files, tissue retractor, aspirator, scalpel, periosteal elevator, Gilmore probe, bone chisel, curette, 5cc. Luer syringe with 3% peroxide, 23 ga. needle, absorbent points, root canal disinfectant (beechwood creosote or camphorated monochlorophenol), root canal sealer, jiffy cement tubes, gutta percha points, eucalyptol, gutta percha spreader, shade 20 silicate cement, glass slab, spatula, needle holder with suture, and xray film.

(Continued on page 19)



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Editorial

Public Relations is Your Business

In discussing public relations we are very prone to shift that responsibility to a professional firm or the other fellow instead of accepting part of that responsibility ourselves. No matter how expert the firm or how successful they have been, it is vitally important that each of us do our share. How you as an individual at the chair act toward your patients, how you participate in your community affairs, how you assume your civic responsibility day in and day out will determine whether our public relations will be good or bad.

Basic to good public relations are good human relations for unless we can get along with people, understand their problems and are concerned about the patient's welfare, we cannot hope to earn respect and render the best possible service. It is that giving of one's self beyond the call of duty that makes for a fine health profession. Added to these are the high ethical standards which we have evolved which act as a guide for our relations with our patients and our fellow professional men—not a series of penalties but treating the other fellow as you would like to be treated.

Continuing education by taking of refresher courses, postgraduate instruction, attendance at dental meetings and active participation in the affairs of the organized profession are all essential if we are to render to our patients the highest type of professional service.

Still another phase of good public relations is the sharing of our knowledge and know-how with our fellow practitioners. Only by adding to the sum total of our knowledge can we advance and grow. This does not mean that such sharing be done at exorbitant honoraria for this is one of our responsibilities to our profession. These and other individual responsibilities can determine the quality and success of public relations.

Below are some of the individual responsibilities, taken from the American College of Dentists Charter:

Responsibilities in a Health Service: Be a gentlemen always . . . Be courteous at all times . . . Be immaculate at all times . . . Be temperate in your social activities . . . Be competent and capable of doing your job . . . Keep abreast of developments . . . Be positive but modest . . . Inspire your patients and the public with confidence . . . Be understanding of your patient's problems . . . Be human . . . Be tolerant . . . Be sympathetic . . . Be an ambassador of good will . . . Be ready to give dental health information . . . Be ready to relieve the patient's suffering, this is your duty and privilege . . . Be businesslike . . . Be methodical . . . Be cheerful . . . Be happy . . . Be healthy . . . Put service above reward . . . Render optimum service . . . Be alert to community and civic responsibilities . . . Be ready to develop community dental health programs . . . Study the dental health literature . . . Be a leader in your community . . . Develop good interprofessional relations . . . Have a good word for your fellow dentists . . . Give of your time and knowledge to the advancement of your profession . . . **PRACTICE THE GOLDEN RULE.**

Only as we assume our full personal responsibilities can we hope to have good public relations. It is your and my business.

News and Announcements

WM. SCHOEN TO APPEAR ON C.D.S. RADIO PROGRAM

Dr. Wm. P. Schoen, Jr., Dean of the School of Dentistry, Loyola University, will be interviewed on the Chicago Dental Society radio program "Your Dental Health," on Station WJJD, Wednesday evening, June 3rd.

Dean Schoen will discuss "Dentistry as a Career" and members of the Society are urged to check their radio page listings for time of the program.

The show "Your Dental Health" is one of a series heard on the first Wednesday evening of every month and is a contribution in the public service by Station WJJD, 1160 on your dial.

REHABILITATION GROUP MEETING

The Midwest Oral Rehabilitation Study Group will hold a meeting on June 29th, 30th and July 1st, at Northwestern University Dental School. "Oral Diagnosis and Interpretation of the Functional Recording" will be presented by Dr. Charles E. Stuart. For further information, contact Dr. M. J. Sondell, Chairman, 2011 East 75th St., PLaza 2-7925.

ORAL CANCER SYMPOSIUM

The Dental Committee of the American Cancer Society, Illinois Division incorporated has arranged a day-long symposium on oral cancer for Friday, June 5, 1959. Registration for the symposium is free to all dentists and starts at 9:00 a.m. Those in attendance will be the guests of the Cancer Society at Stouffer's Restaurant in the Prudential Building at luncheon. The symposium will take place in the Prudential Building Auditorium off of the main lobby.

The first morning paper, at 9:15 is titled "The Cancer Problem" and will be

presented by John A. Rogers, M.D. He is the Executive Director of the Illinois Division of the American Cancer Society. Patrick D. Toto, D.D.S., M.S., Associate Professor of Oral Pathology at Loyola University, Chicago College of Dental Surgery will, at 9:30, talk on "Carcinogenesis and Methods of Detection". At 10:00 a.m. Walter Wm. Dalitsch, M.D., D.D.S., Associate Professor, University of Illinois College of Medicine, speaks on "The Cancer Problem and the Role and Responsibility of the Dentist." Following a coffee break at 10:30 of fifteen minutes Roland E. Kowal, M.D., D.D.S., and Robert Borkenhagen, M.D., D.D.S., Clinical Instructors at the University of Illinois College of Medicine talk on "Diagnosis and Treatment of Oral Neoplasms". At 11:30 a film presentation entitled "Oral Cancer; the Problem of Early Diagnosis" terminates the morning session.

Following luncheon, at 1:15 David J. Lochman, M.D., Associate Professor of Radiology at the University of Illinois College of Medicine and Director of Radiotherapy at Columbus Hospital will address the group on "Radiation Therapy in Management of Oral Malignancy". At 2:00 p.m. Morton Rosen, B.S., D.D.S., Assistant Professor at Northwestern University Dental School will talk on "Prosthetic Rehabilitation and Intraoral and Extra-oral Prosthesis".

An intermission is scheduled for 2:30 and at 2:40 Orion H. Stuteville, M.D., D.D.S., Professor of Oral Surgery at Northwestern University Dental School will speak on "Surgical Treatment of Cancer of the Head and Neck". At 3:30 p.m. a round table discussion will cap this terrific program. Dr. Dalitsch will act as moderator and Drs. Rogers, Rosen, Stuteville and Toto will participate.

In a day when cancer occupies such a prominent place in the forefront of our concern, both in that of the profession

(Continued on page 32)

News of the Branches

Northwest Side

Your branch correspondent wishes to inform the branch membership that this is his last column for this season. The duties of branch correspondent now pass on to Vic Weclaw who will ably represent the Northwest side as branch correspondent. I wish to thank those many branch members who have in the past contributed news items and who have made my task as branch correspondent a pleasant one. I might add that I think we have one of the finest branch memberships and it was an honor to represent them. I know that Vic Weclaw will do exceedingly well as branch correspondent. So to those many who have news items please contact Vic Weclaw by phone which is BR 8-5740 or send those news items to him at 2739 W. North Ave. . . . The Northwest branch members of the Academy of General Dentistry are pleased at the recognition accorded the Academy by the picture on page 152 of the May *A.D.A. Journal*. The Academy which is now a fast-growing national institution, was started right here in our branch. Looking closely you will spot the pleased faces of Ted Weclaw, our new branch president as well as the president of the Academy of General Dentistry. Ted Weclaw is certainly going to be busy nowadays but he is one who has always been active in branch affairs. Also in the picture you will notice Jim Mershimmer, vice-president of the Academy. Joe Ullis, also a veep, was present but not in the picture, as well as a number of other Northwesters. . . . Jim Mershimmer recently returned from Florida where he visited with some of our past branch members who now reside in the sunny clime of Florida. He visited with Gus Johannes who finally got tired of loafing and is now putting in considerable time at the Vet's hospital in Tampa. . . . Many of the branch members know Gus Tilley whom Jim visited

also and Jim was gracious enough to acknowledge the receipt of Gus' letter which was read at the last branch meeting. . . . I understand that Fred Ahlers is now selling real estate in Florida which is a little easier on his ticker than dentistry. . . . Jim also visited Folmer Nyman and had the opportunity of sampling some of his hamburgers at Lake Worth. Quite a bit of time was also spent in visiting with Tony Berg as well as with other past branch members. We may soon have to organize a "Florida" branch of the Chicago Dental Society. . . . I might say that Jim Mershimmer has always been an ambassador of good will wherever he goes as I well recall even as I was attending dental school. There were functions at which Jim was always noticeably present. . . . We have just learned that Bob Placek will conduct another tour after the A.D.A. meeting in September—from New York to Bermuda. . . . Another reminder to please send those news items to Vic Weclaw, your new Branch Correspondent. — *Chester L. Jasick, Branch Correspondent.*

Englewood

Bedside Manor

Well, we ran our annual Upsan Downs on May 5th. This horseplay resulted in the installation of hossifers for the ensuing year. Tom Starshak, wearing Englewood's colors, (black and blue) presented gavelbanger Joe Plewa with his symbol of office, and authorized Sam Rabishaw to preside over vice. Bob Tharp was given another year in which to get last year's minutes in acceptable order, and Little Lew Weil—well, we won't waste wealth with wary wallet-warrior Wittle Wew Weil's wise wampum-watching. We would worry were we without wee wily Weil working. Well, wouldn't we? While we wail woefully, Wittle Wew wages war with wildly wairing wicked wastrels.

WOW!—Wittle Wo Waska. * 46 in a row 46 * (go ahead, I'll wait.) All this jockeying around resulted in ex-prex. Henry Mathews being let out to pasture as our new member of the board of directors of the Englewood branch. One of Henry's last official acts was the appointment of a committee to work this summer on the drafting of a branch constitution; the results of these labors to be presented at the September meeting. . . . Gerald L. Ashley, (applause) Arthur H. Sagerman, (cheers) Stanley Blair, (stamping of feet) and Warren Runyan, (BOO!)—(only kiddin', Papa George)—were introduced and certificated as new stock. Welcome to the remuda, fellas. The evening wound up with a program of nine table clinics. . . . May 19th was a day for rejoicing for we Englewoodenheads. Unca Harold Hayes brought glory to his gang by being installed as president of this here whul doggone Chicago Dental Society. I was not able to come to you to offer my very best wishes, Dr. Hayes, so may I let this note say for me how very happy I am for you, and how truly deserving of this honor I feel you are. Incidentally, Harold returned from his Biloxi-Gulfport jaunt just in time for the state meeting and Der Tag. Another prominent Englewoodian, Paul Kanchier, will be in charge of C.D.S. secrets, being installed as secretary. . . . Ben Jostes becomes the latest splinter on the board of directors of the C.D.S., replacing Ted Lindholm who, after three years of hard work, (terrific job, Ted,) will have a

chance to relax—mebbe. . . . Ray Van Dam is moving his office to 115th and Halsted. Ray wants to be closer to money. . . . Mike Walsh moved his office out to south Western Ave. He wanted to get away from Ray! . . . Me ol' buddy, "Hot-sopple" Lucas (Hi, Pal!) is now giving Green Stamps. . . . Joe Ruzic surged orally on oral surgery at the Michigan State meeting. . . . The Progressives' golf outing is scheduled for June 29th, at the Acacia Country Club. Bob "Strictly from" Unger is its chairman. . . . Roman Urban, Po 7-3465, has the tickets for the tee party to be held on June 10th, at the Silver Lake Country Club. The chairman was given \$150 to keep an eye on. Who' acting as peeper-keeper on the chairman? . . . Regards to Carl Berquist and to Sam Werch, who have been on the sick list. Sam has been in and out of the hospital oftener than a new daddy. . . . Me? Well, the battle-axe has me propped up with pillows, and I'm tap-tap-tapping out these letters on my tripewriter with the rubber-tipped end of a pencil grasped in each hot little fist. I can sit just so long before my spine starts hollerin' for time out, and right along about now seems to be the time, so I shall beg off for now and ask the warden to get my ball game on the look-box. Sure hope "A MEMBER" enjoys this issue—no pome! (I got me a pome entitled The Return of the Swallow, but ain't got no room! Incidentally, "A MEMBER," many thanks for your "get well" card of many months back. Ah, the bat boy has just led the

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plate umpire's seeing-eye dog off the field. **PLAY BALL!**—The Pied Typer of Ramblin', retired. (g'wan, eat yer heart out!)

South Suburban

One of my reliable sources of information, Neil Kingston, called immediately on his return from the state meeting at Peoria to give me the following information, in fact, it was so immediate, that Neil had not even taken time to take his bags out of the car before he called. There is a proposal up before the state for a dues increase to take effect in 1961 if approved next year. With the proposed increase to be derived from the new licensure procedure of registration of licenses every two years, the Department of Education and Registration are to hire two full-time law enforcement officers to seek out the illegal labs and other violators. Edgar Stephens who has been working for the Chicago Dental Society the past few years will now be employed full time by the Illinois State Dental Society for law enforcement. . . . Neil Kingston was made a member of the Ad Interim committee which supplants the Executive Council, and he is also a member of the Committee on Committees. Also in attendance at the state meeting from our group were Rowland, Iagmin, Simon, Scanlan and, last but not least, Mike Hughes. . . . At a recent Board of Directors meeting it was de-

cided to continue our meetings at the Lincoln Heights Restaurant for the coming year and a full and interesting program is in the making under the direction of Chas. Cosgrove. You all will be getting phone calls from our new president, Hank Cubbon, to serve on the various committees. He would be most appreciative of your active support on any committees you will be called on to serve. . . . A book was sent to Sid Bayer, who is well on the mend at Ingalls in Harvey. . . . That's all for now. Let me hear from you during the summer no matter what you do or where you go.—
H. C. Gornstein, Branch Correspondent.

West Suburban

Round Table will meet on Tuesday, June 2, at Oak Park Club. Speaker will be Dr. Seymour Yale from the Department of Radiology of the University of Illinois Dental School. His topic will be "Methods in Radiology—Hazards and Precautions." Since this will be the last meeting for the season, let's show our appreciation for a job well done by a tremendous attendance. Hats off to John Frymark as the able Chairman and his cohorts Marv Blechman, Jim Javois and Phillip Long. Next season Marv Blechman will guide the Round Table and Tope Maxson will be program chairman. Be sure to obtain your season's tickets when they are available. . . . Hope to

(Continued on page 29)

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The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Rudolph U. Grieff, 1832 E. 87th St., Chicago 17.

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**SIMULTANEOUS APICAL CURETTAGE
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(Continued from page 9)

Technic

1. The preoperative radiograph is studied to determine the size and shape of the root canal, and the position and extent of the periapical lesion (Fig. 1).

2. Local anesthesia is infiltrated into the labial or buccal mucosa overlying the apices of the tooth to be treated and the adjacent teeth to either side (Fig. 2). For upper lateral incisors where the root apex may be lying near the palate a lingual injection is made in the approximate area of the root end. Mandibular block injection may be used for the lower teeth although infiltration should be sufficient.

3. While waiting for anesthesia, access is gained into the chamber through the lingual or occlusal of the crown. Entrance into the chamber is made with a #6 or #4 round bur (Fig. 3). At speeds in excess of 100,000 rpm the entire penetration may be made with the round bur. At slower speeds, a diamond instrument or #37 bur will be necessary to penetrate enamel or metallic restorations.

4. The saliva ejector is positioned and the area of operation is isolated by plac-



Figure 2



Figure 3

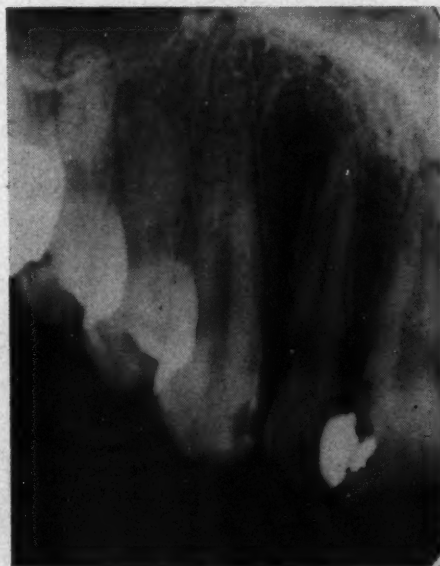


Figure 1

ing gauze sponges to the mesial and distal in the mucobuccal fold.

5. A vertical or horizontal incision may be made, or a complete gingival flap may be raised. The horizontal incision is preferred, and its position is governed by the following three factors:

1. The incision must not cut off circulation to the gingival tissues.

2. The incision should not be made over the area to be curetted. The flap should be sutured over solid bone to prevent its falling into the curetted socket.

3. To avoid excessive hemorrhage and trauma to the soft tissues, above the muco-buccal fold, the incision should be made on the relatively thin muco-periosteal tissue (Fig. 4).

The actual extent or shape of the incision is unimportant providing it allows sufficient access for the operation. The blade should penetrate through the periosteum or severe trauma to the tissue will result when the flap is raised.

6. The flap is raised with the periosteal elevator and held back with the

tissue retractor. If the position of the periapical area is not evident, the Gilmore probe is used to locate the soft tissue in the bone (Fig. 5). It may be necessary in some instances to shave layers of labial bone with the chisel in order to locate the root end (Fig. 6). The bur should not be used for bone removal until the position of the root has been located. It is very possible, especially in the lower mouth, to damage adjacent vital teeth where the margin of error is quite limited. Once the operator has oriented the position of the root, dense bone can be removed more efficiently with the bur cutting under a constant stream of water. The water spray keeps the blades of the bur clean and functioning to maximum efficiency, keeps the field of operation clean, and prevents burning the cut bone surface.

7. When sufficient access has been gained, the periapical area is curetted (Fig. 7). If the area is unusually large, it is best to free the soft granulation or cystic tissue from the bony socket with the curette before removing it. This en-

ables the operator to remove the tissue intact rather than tearing and removing it in pieces. If the area extends quite far lingually, the root end may be amputated to allow access rather than remove more alveolar bone. The operator should not remove any more of the apex than is necessary to provide access for curetting the lingual area. If the root end appears rough and eroded as a result of a low grade chronic irritation, apicoectomy may be performed to remove the eroded surface, and provide a clean surface for the redistribution of cementum.

8. After the periapical area is completely curetted, the root canal is mechanically cleansed with root canal reamers or files. With both ends of the tooth open it is a simple procedure to ream through the crown and cut the apex (Fig. 8). If an apical curvature exists that will not permit the instruments to reach the foramen, the root is amputated a sufficient amount to allow through passage.

9. After the dentin walls have been planed smooth, the remaining necrotic



Figure 4

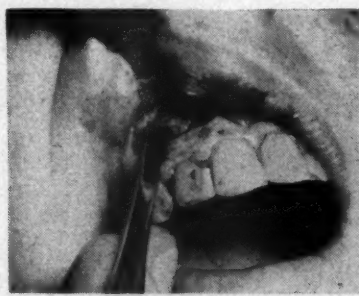


Figure 6



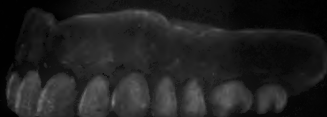
Figure 5



Figure 7

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debris is washed from the chamber and canal by flushing with a 3% solution of hydrogen peroxide (Fig. 9). This is done by inserting the needle of the Leur syringe into the chamber and forcing the solution through the canal into the periapical area. The aspirator removes the solution and debris as it leaves the apical foramen.

10. Gauze is packed into the periapical socket to prevent blood from flowing into the root canal. The canal is then dried with absorbent points, and the dentin walls saturated with a root canal disinfectant introduced on an absorbent point (Fig. 10).

11. A gutta percha point is placed into the root canal to insure its passage to or through the apical foramen. This master cone is laid aside and the sealer prepared. The sealer (any of the acceptable zinc oxide-eugenol-rosin preparations) is introduced into the canal and discharged through into the periapical area with the jiffy tube (Fig. 11). The master cone is then lubricated with eucalyptol and placed firmly into the canal.



Figure 8

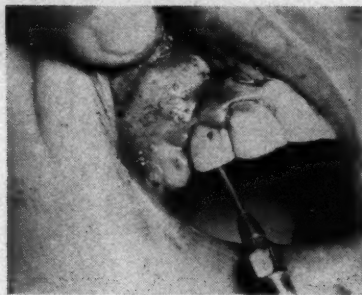


Figure 9

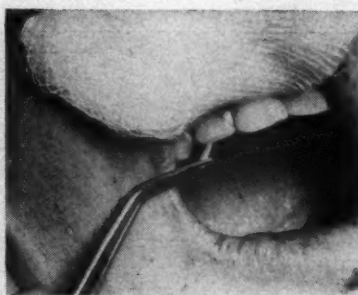


Figure 10

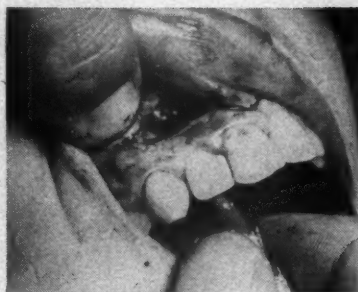


Figure 11

Using the gutta percha spreader, the canal is packed tightly with additional cones to the floor of the chamber.

12. All gutta percha and sealer are meticulously cleansed from the chamber and preferably into part of the root canal. Residual filling material left in the chamber may give rise to discoloration of the crown. The chamber is then filled with a shade 20 silicate cement to place a light background behind the translucent labial enamel and dentin. The silicate is introduced into the chamber with a jiffy tube.

13. The excess gutta percha and sealer is removed from the apex with a cold sharp curette. A warm instrument will drag threads of gutta percha over the root surface. If the canal has been tightly packed there should be no need of sealing the gutta percha at the apex with a warm instrument.

14. If sutures are deemed necessary, the flap is sutured in position. If sutures are placed, they should be loose to allow for postoperative swelling. Initial healing and closure of the wound should occur

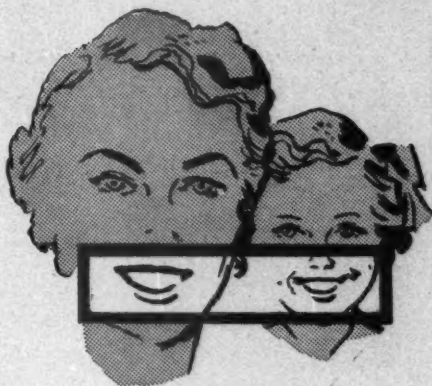
in three to five days. A postoperative radiograph is taken and examined before discharging the patient (Fig. 12).

15. If the radiograph shows the filling to be satisfactory and all debris removed from periapical area, the patient is instructed to place a cold pack over the area for at least one-half hour as soon as possible. It may be kept on at fifteen minute intervals for the next two to three hours if convenient. The patient is advised that there may be some postoperative swelling in the area for a day or two following. The cold pack is placed to help reduce or eliminate this swelling. Mild analgesics such as aspirin should easily control any postoperative pain.

16. The patient should return in 5 to 7 days for removal of sutures and examination of the wound healing. Clinical and radiographic examinations should be made every three months until periapical healing is satisfactory. It should be remembered that labial bone will not heal to its original contour but will have a concavity where access was gained into the periapical area. As a result, later radiographs may show a vague outline of the old radiolucency even when healing is complete.



Figure 12



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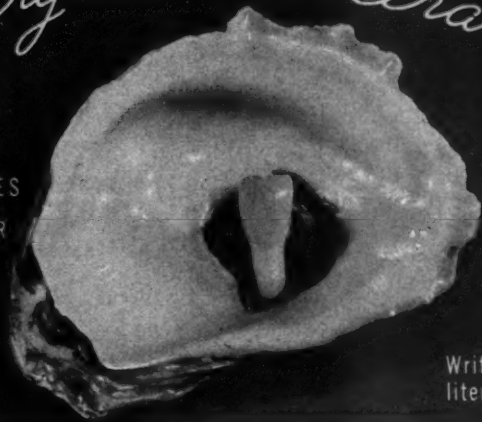
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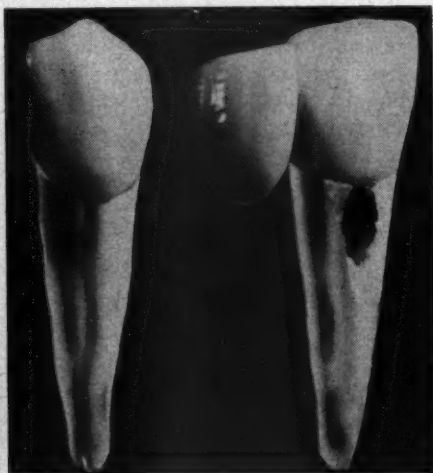


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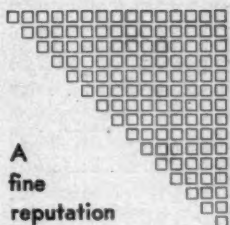
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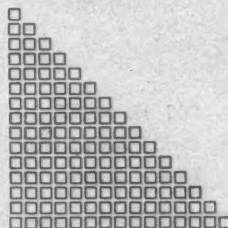
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NEWS OF THE BRANCHES

(Continued from page 15)

see many of you at the Oral Cancer Symposium to be held in the Prudential Building Auditorium on Friday, June 5. This symposium is sponsored by the American Cancer Society and is given to the profession gratis. . . . Herman and Mrs. Roe celebrated their fortieth wedding anniversary. Herman was graduated from Northwestern Dental School on the same day he married. . . . Frank Biedka attended a Diet and Nutrition Conference which was attended by ninety persons. He also reports that the American Academy of Nutritional Research will meet at Medinah Country Club on Wednesday, June 24, at 8:00 p.m. . . . We urge all members to save the flyers sent out with the names of Congressmen and State Representatives. From time to time we will have to contact them on issues concerning dentistry. Thank you. . . . George Welk, Sr. is going to Biloxi, Mississippi, for three weeks. . . . Quentin Mangion moved to Glen Ellyn. . . . Harry Brown attended Wisconsin State Dental meeting at Milwaukee. . . . John Frymark is trying to sell his former home. Two homes, eh John, going into real estate? . . . Jim Javois purchased a new home in Elmhurst and also was made a proud daddy of a baby girl. The Javois' second child. Congrats. . . . Ev and Mrs. Walters are down in Cedar Rapids visiting their son at Coe College. . . . Bob Atterbury is down in Oklahoma City for two weeks. Buying some oil wells, Bob? . . .

Marv Blechman presented a table clinic at Northwestern Homecoming on May 6. Herman Roe and Oliver Johnson were interested viewers. . . . Eugene Zawlocki is moving his office to Rockford, Illinois. Good luck, Gene. We are going to miss you. . . . William Aquilino was elected treasurer of the Arcolian Dental Arts. . . . Frank Lucatorto is on the Board of Directors of the Arcolian Dental Arts. . . . Sorry to report the death of John Hauff. Our deepest sympathy to Mrs. Hauff and children. . . . Sincere condolences to Leo and Mrs. Pasquini on the loss of their daughter. . . . W. Raleigh is our Assistant Branch Correspondent. Charles Hebling, Harry Brown, Bob McDonald, Raleigh Williams, William Aquilino, John Silberhorn, Foster Robeson, Frank Salem, and George Ritter are on the publicity committee. Please forward any news to me or members of my committee. Thank you.—D. J. Catrambone, *Branch Correspondent*.

Kenwood-Hyde Park

It would be so easy and so pleasant to write this column using an imagination that tells me all sorts of wondrous things about Kenwood-Hyde Parkers. For example: Wayne and Clint Fisher as a father and son team have just won 12 more Life Master Points in the International Bridge Tournament, or, Tom Rudan and Isamu Tashiro both made a hole-in-one the first time out this spring, or, Joe Wiener, our most optimistic in-

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vestor bought a stock last week for \$10 a share and it's now \$90, or Henry Leib has finally stopped drinking, but I'm afraid I shall have to stay closer to the truth for the next year, and write only what has really happened. My predecessors in this venture have done an excellent job, so will you please help me to carry on the Kenwood-Hyde Park tradition of comradeship and veracity by phoning me at HY 3-2026 when you have some news. We may not see our friends too often, but we all like to know what they are doing. . . . Ladies' night was a quiet success. The attendance, unfortunately, was small, but everyone who was there obviously enjoyed himself, Willard Johnson with his customary dignity and good taste introduced the new officers, and we all join with Willard in congratulating and wishing them continued success for the coming year. . . . Now for the true news: Larry Scheff and his family spent a week in New York and went to the theatre every night (ah, greasepaint and footlights, it's wonderful). . . . Art Block, our new President-elect, was singularly honored by the American Board of Orthodontics when he was asked to present some of his cases at their annual meeting in Detroit. . . . Jean Jacobi was on his way to a water ski affair—his wife whom we all know is a better skater than Jean is also a better skier—last year she won 2nd place in the big tournament and Jean won—nothing. . . . Mort Fireman, who is vacationing

in Acapulco, astounded himself by getting up and *staying* up the first time he tried water skiing—gee, it really must be easy. . . . Jack Sarnat was also in Acapulco and caught the biggest white marlin caught there during the month of April (so he says). . . . Bob Kimbrough has a new hobby, photography, and that's his alibi when Mack Tanner and Bill Rogers beat him at golf. He claims he is studying light, shadows and camera angles. . . . By the way, what has happened to my good friend Mort Isay? Scoop! I have just been informed he has been seen in some of the sexiest left-bank bistros in Paris, France, and wherever he goes is followed by hordes of young French girls asking for a lock of his hair. . . . Graham Davies is now living in Michigan, and commutes through 3 states to get to his office. When he leaves his home and turns left he is in Michigan, if he turns right he is soon in Indiana, but he has trained his new Great Dane to lead him to the station (he was getting lost about three times a week until he got the dog). . . . Another reform note: Bill DeLarye has stopped smoking and has also gained — pounds. He looks so cute now with chubby cheeks. . . . One last personal note. My family and I went to the Kentucky Derby this year and of the 17 horses running we bet on various combinations of thirteen of these. The only four thoroughbreds we did not bet on at all came in 1-2-3-4. So you see, I really need all the help I can get to write this column.—*Stanley R. Korf, Branch Correspondent.*

North Side

Several weeks ago, Al Mark and I had the pleasure of sharing an Oakton Manor table with President and Mrs. "Jiggs" Shapiro. The new boss asked us what we thought was the president's most difficult task? "Delegation of authority," I volunteered. So here I am. As soon as Jiggs returns from Los Angeles where he is visiting with his grandchildren, he and Al Mark are going to enroll in Art Dux-

ler's course in Elementary Horseshoe Throwing. . . . A sizable contingent of North Siders journeyed to the State Meeting in Peoria. Earl Elman tells me that this year's attendance exceeded last year's by four. What would they do without us? American Cyanamid invited Earl's son, a National Merit Scholarship winner, to visit their New York plant. . . . Sam Fields started to explain the value of the latest health food. He mentioned something about sunflower seeds before he slipped through a crack in the sidewalk. Clarence, Jr. and Robert Peterson have decided to stop dividing their time between their two offices. Clarence, Jr. will stay at Old Orchard and Robert, one of Northwestern's proudest sons, will stay with his dad, Clarence, Sr. . . . Please note—the Uptown Dental Forum is having its annual golf outing at Chevy Chase Country Club in Wheeling on June 3 from 9:00 a.m. on. Dinner will be at 6:30 p.m. Contact Bill Semiloff. What a bargain! All day for \$10.00, Golf only for \$4.00, Dinner only is \$6.00. Prizes galore. . . . Sam Kleiman is out in Phoenix protecting his chaise lounge from the Arizona sun. Ernest Kupfer is thinking of exercising his photographic skill on the California countryside. . . . Two dental groups have had their election of officers. The Chicago Academy of Dental Research selected the following slate: President, Howard Paule; Secretary, Rod Nystul; Treasurer, Bob Laff; and Director of the Annual Seminar, Will Gordon. And for the Dental Arts Club: President, Ray Dziubski; President-elect, Joseph Hajdys; Vice-President, Frank Pelka; Secretary, Charles Matera; Treasurer, Chester Bochenek, and Librarian, Jerome Chyrek. Edwin Kapustka, the outgoing secretary, proudly relates that he won the golf tournament of the D.A.C. at Mo-hawk with the low net. . . . Henry Parkin postcards from California that he still hasn't run out of his Bryn Mawr Investment Club profits yet. . . . Several N. S. orthodontists were in attendance at the annual meeting of the American Association of Orthodontists in Detroit. They were Sid Asher, Abe Goldstein, who gave

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a clinic, Shelly Rosenstein, and me. . . . More vacation news: Ted Dubrow is fishing in the Ozarks. Max Chubin's son is honeymooning at Loyola Dental School, insipient grandfather Sid Sherman is off to Florida for a few weeks, Bill Schwartz just got back from Florida, Jerry Champagne is off to Europe again for a month, and Paul Krolik is going to see some of his handywork on celluloid in California. . . . The daughters of Max Chubin and Max Feinberg are both dentally oriented. Herb Krummel is going to Izaak Walton at Land-O-Lakes. . . . Walt Christiansen's daughter just got married; so did Meyer Dolnick's son. Herb Gordon's latest acquisition was named Laurie Ellen. Harry Berman is speedily recovering from his recent surgery. Lester Kaplin's almost dentist son Allen has become engaged. Our sincere best wishes to all. What happened to Marty Unterman? . . . Now that I have put a scare into Hemingway I shall close with a far greater respect for all Branch Correspondents.—*Herb Lippitz, Assistant Temporary Branch Correspondent.*

NEWS AND ANNOUNCEMENTS

(Continued from page 12)

and in that of the general public, no member can lightly afford not to take the fullest advantage of a program such as this where every aspect of this dread malady that in any way impinges on the work and field of the dentist is presented each in its logical spot by a recognized expert.

N.U.D.S. ALUMNI OFFICERS

At the Northwestern University Dental School's annual Homecoming and Open House on Wednesday, May 6, the Dental Alumni Association elected the following officers: president, Dr. Arthur F. Bruening, Skokie; president-elect, Dr. Peter B. DeBoer, Chicago; secretary and treasurer, Dr. Donald G. Wise, Chicago; vice-presidents, Drs. Adrian L. Swanson, Wilmette; Kenneth F. Schmitt, Evanston; Walter D. Raber, Chicago; and Eugene Bodmer, Hinsdale.

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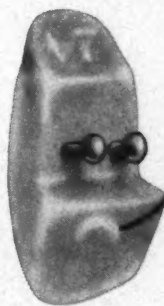
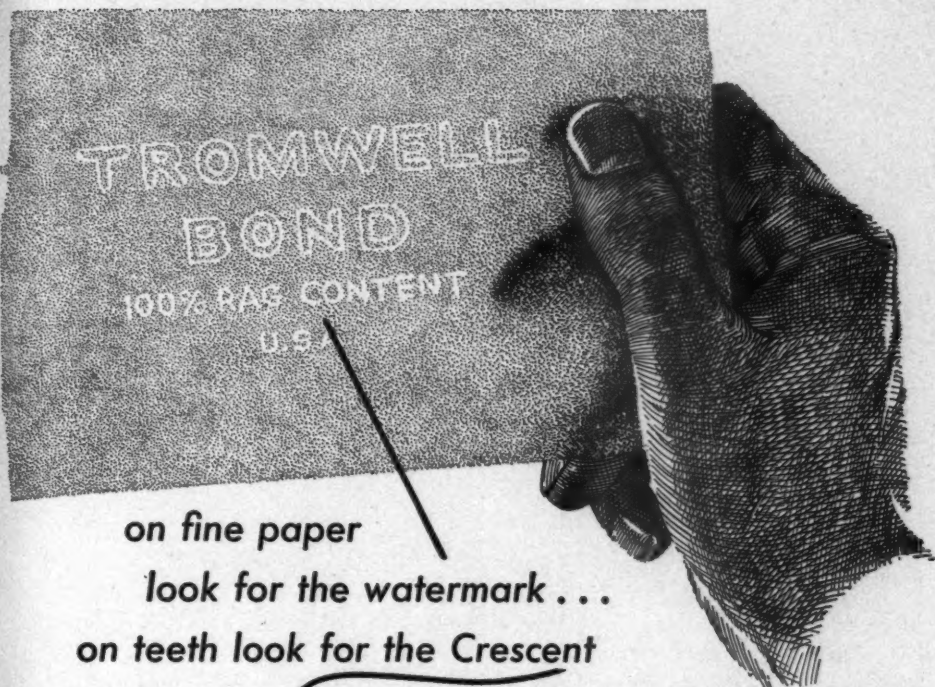
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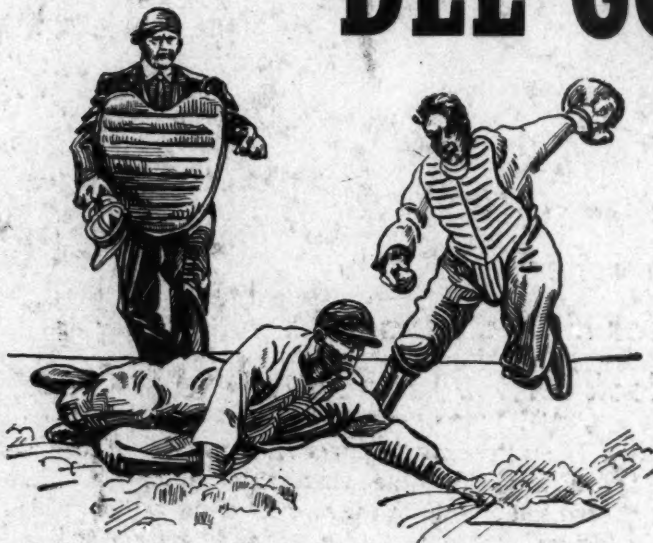


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